

# SAMHSA

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Substance Abuse Treatment

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Capacity Strategy

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*Supporting*  
*Treatment & Recovery*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

# Overview

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Introduction

Where We Are Now

New Initiatives/Programs

Where We Are Going

Next Steps

***Let us bring to all Americans who struggle with drug addiction this message of hope: the miracle of recovery is possible, and could be you.***

***(Excerpt from the State of the Union Address,  
January 28, 2003: George W. Bush)***

# Introduction

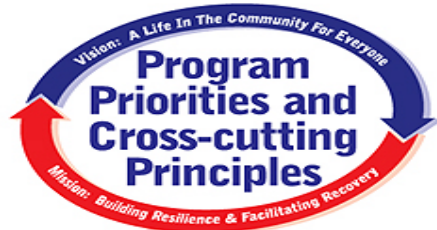
***“Recovery”*** is the ultimate outcome. Appropriate treatment is an important part of achieving that outcome.

- ◆ SAMHSA’s Substance Abuse Treatment Capacity Strategy outlines the national drug policy goals, SAMHSA’s mission, program priorities, and principles.
- ◆ Further, the Strategy highlights SAMHSA’s specific treatment and recovery goals and approaches.
- ◆ The document provides discussion points on “where we are now” and “where we want to go”.

# The Administration's Direction

- ◆ The Bush Administration established drug use reduction goals in the *National Drug Control Strategy*.
  - Reduce drug use among young people by 10 percent within two years  
(Between 2001-2003 the use of illicit drugs by teenagers dropped by 11%)
  - Reducing drug use by 25 percent within five years
- ◆ SAMHSA's Mission Statement *Building Resilience and Facilitating Recovery* further emphasizes a strong commitment to recovery.
- ◆ SAMHSA's program priorities, and cross-cutting principles are illustrated on its matrix.

# The SAMHSA Matrix



“Built on the principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.”

Charles G. Curie, M.A., A.C.S.W.  
Administrator, SAMHSA



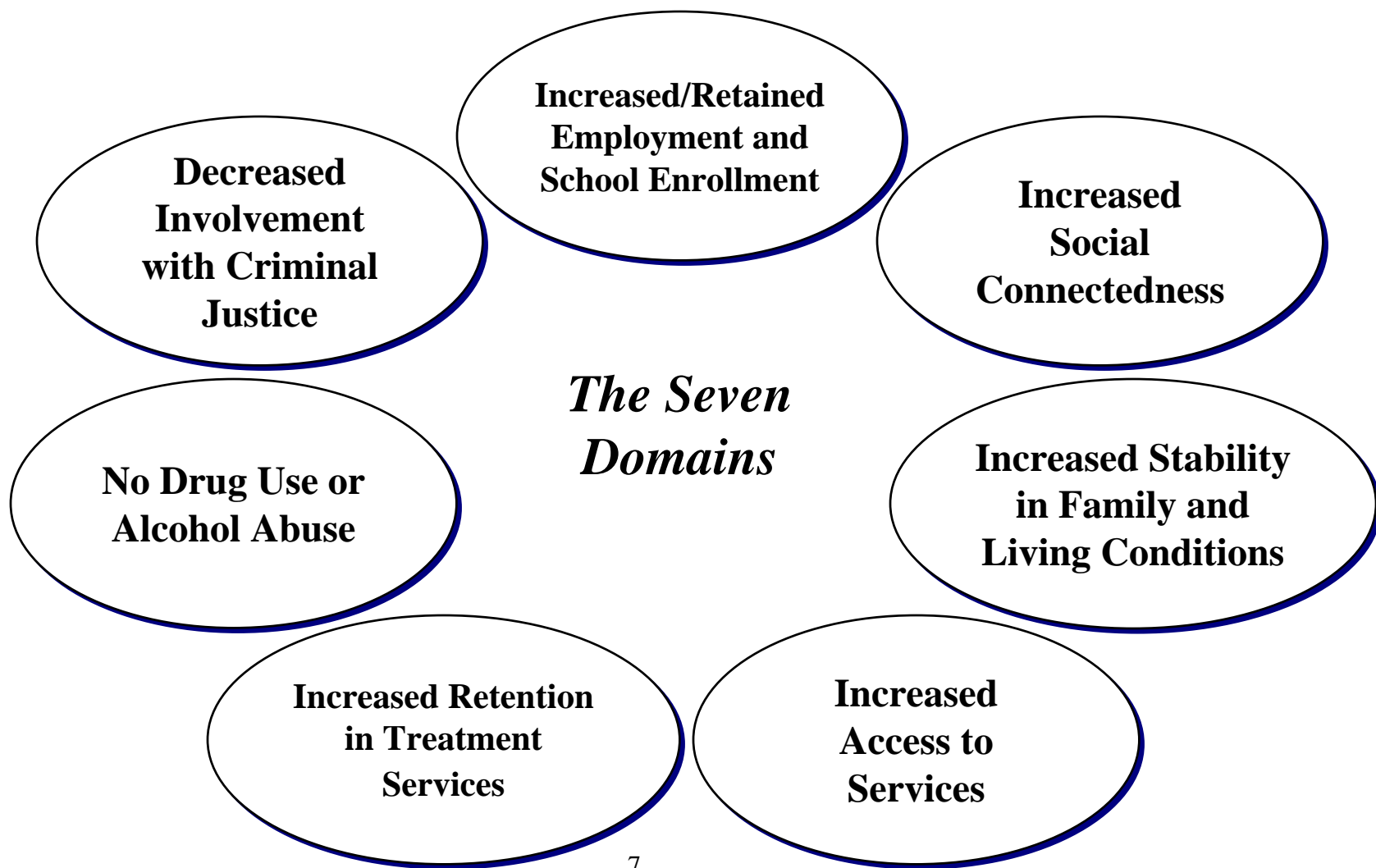
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SAMHSA Priorities: Programs & Principles Matrix		Cross-Cutting Principles									
		Science to Services/Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public & Private Partners	Recovery/Reducing Stigma & Barriers to Services	Cultural Competency/Eliminating Disparities	Community & Faith-Based Approaches	Trauma & Violence (e.g. Physical & Sexual Abuse)	Financing Strategies & Cost-Effectiveness	Rural & Other Specific Settings	Workforce Development
Programs/Issues	Co-Occurring Disorders										
	Substance Abuse Treatment Capacity										
	Seclusion & Restraint										
	Strategic Prevention Framework										
	Children & Families										
	Mental Health System Transformation										
	Disaster Readiness & Response										
	Homelessness										
	Older Adults										
	HIV/AIDS & Hepatitis										
	Criminal & Juvenile Justice										
	<div> <b>A Life In The Community For Everyone</b>  <b>Building Resilience &amp; Facilitating Recovery</b> </div>										



# Recovery from substance use disorders means ...







## **Where We Are Now**

# Current Facts

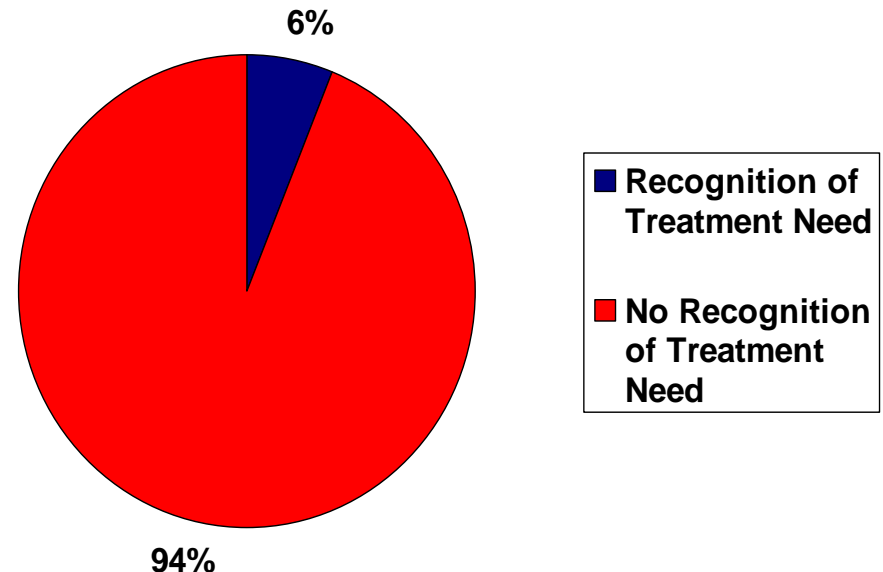
- ◆ The 2002 National Survey of Drug Use and Health (NSDUH) estimated:
  - 22.8 million people can be classified with alcohol/drug abuse dependence
  - During the prior 12 months, 2.3 million people received alcohol or other drug treatment at a specialty Substance Abuse facility\*
- ◆ Alcohol/drug abuse and addiction are preventable and treatable
- ◆ Scientific advances have created an array of effective behavioral and pharmacologic interventions

\*

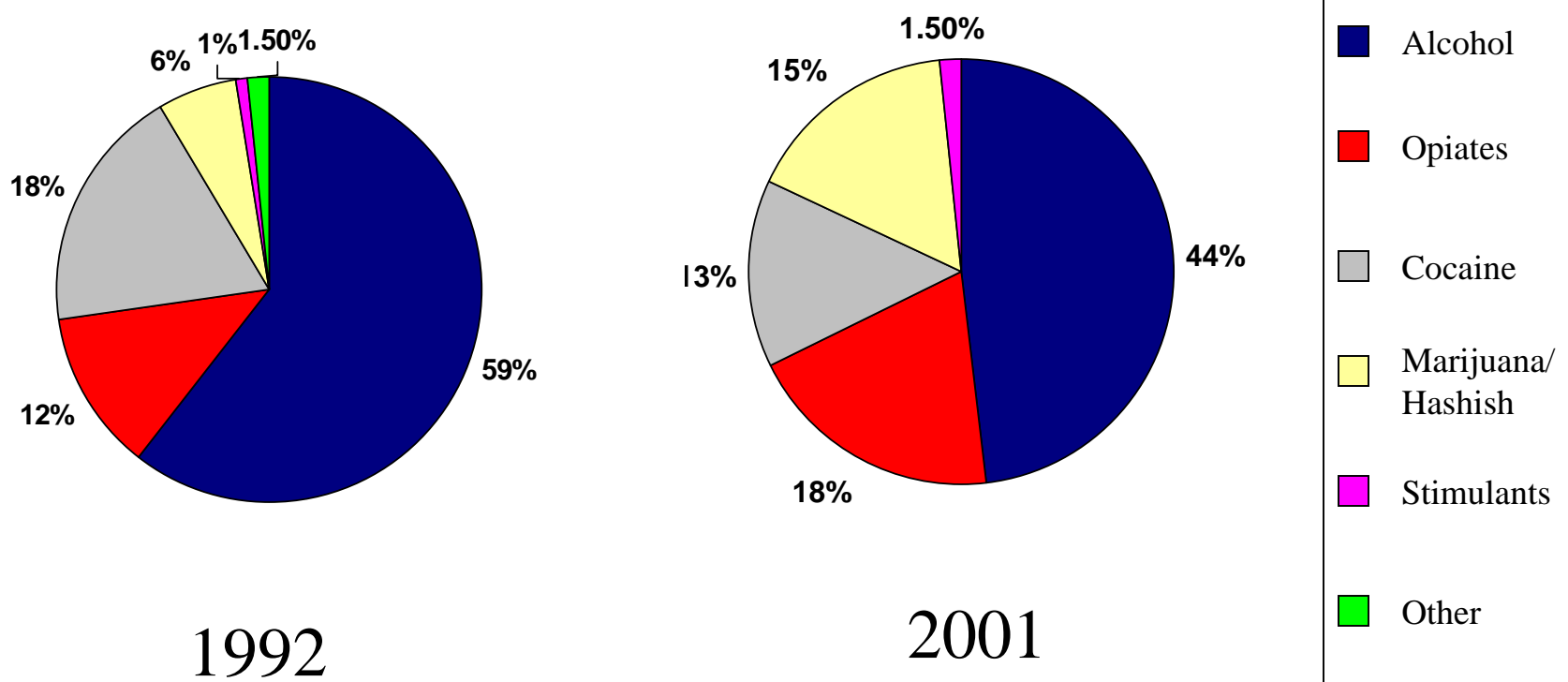
Substance Abuse and Mental Health Services Administration (2003). *Overview of Findings from the 2002 National Survey on Drug Use and Health* (Office of Applied Studies, NHSDA Series H-21, DHHS Publication No. SMA 03-3774). Rockville, MD

# Current Facts

- 1.2 million of those who did not receive treatment knew they needed help
  - 446,000 sought treatment but were unable to get the treatment they needed
  - 744,000 made no effort to get treatment
- However, 19.3 million people needed treatment for substance use disorders and did not recognize the need
- Ninety-Four Percent of those who needed treatment did not recognize this need and did not receive treatment



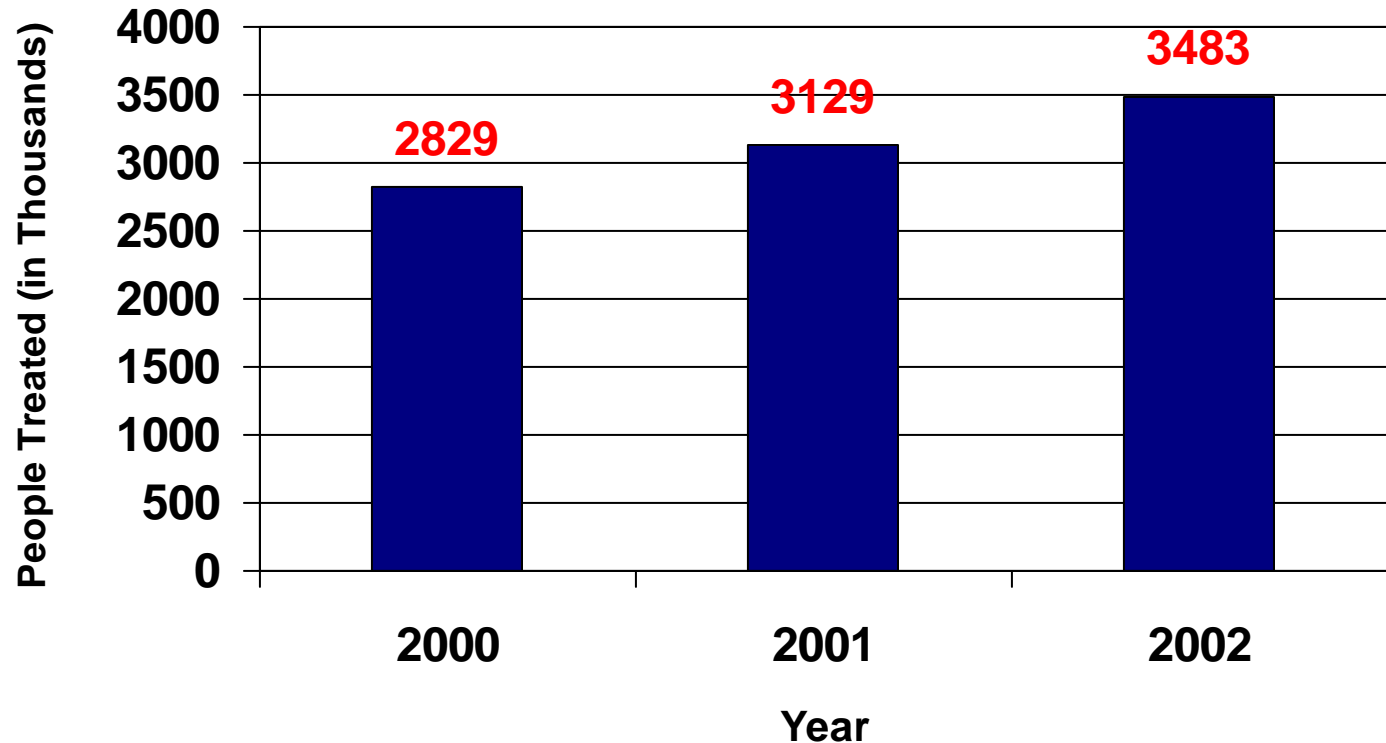
# Substance Abuse Treatment Admissions: 1992 and 2001, by Substance



Note: Other includes sedatives, tranquilizers, hallucinogens, PCP, inhalants, and OTCs.

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)

# Persons Aged 12+ Who Received Substance Abuse Treatment (in Thousands), 2000-2002



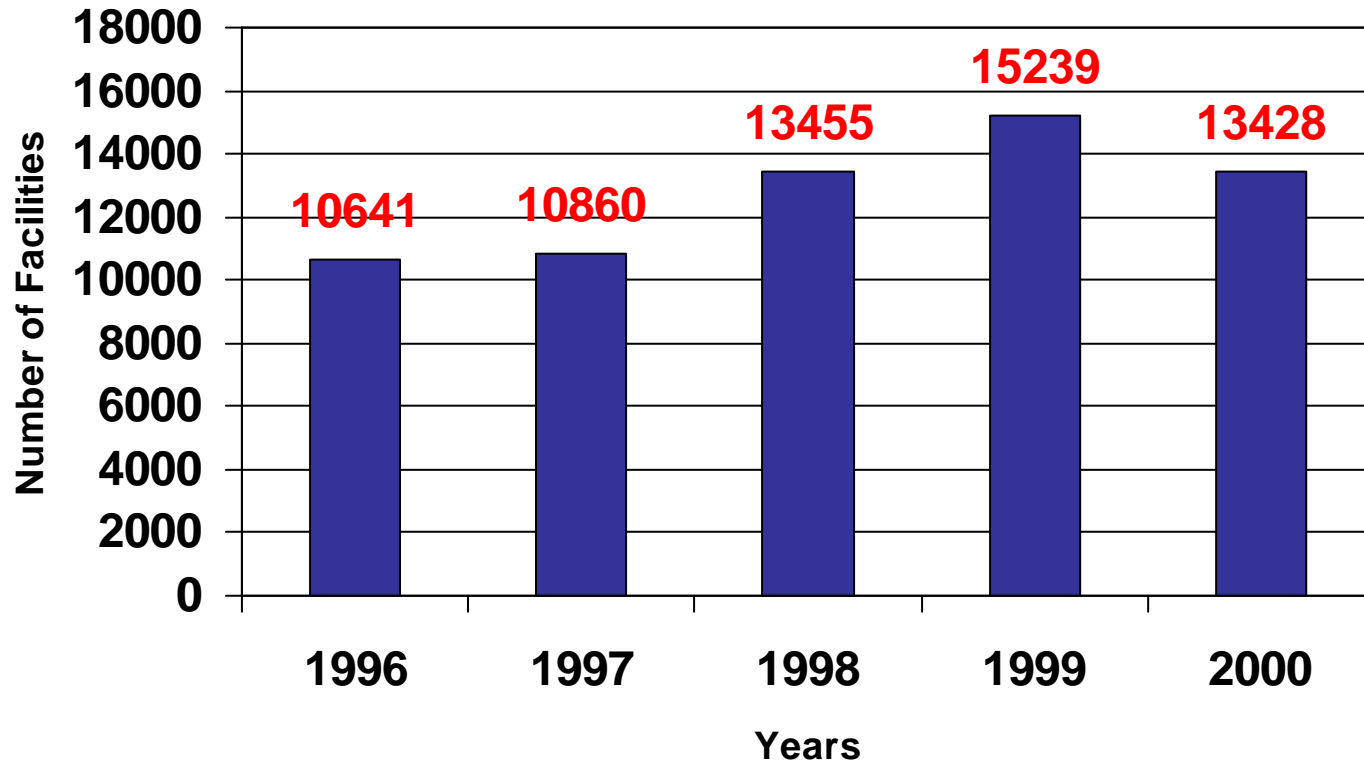
Sources:

SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002.

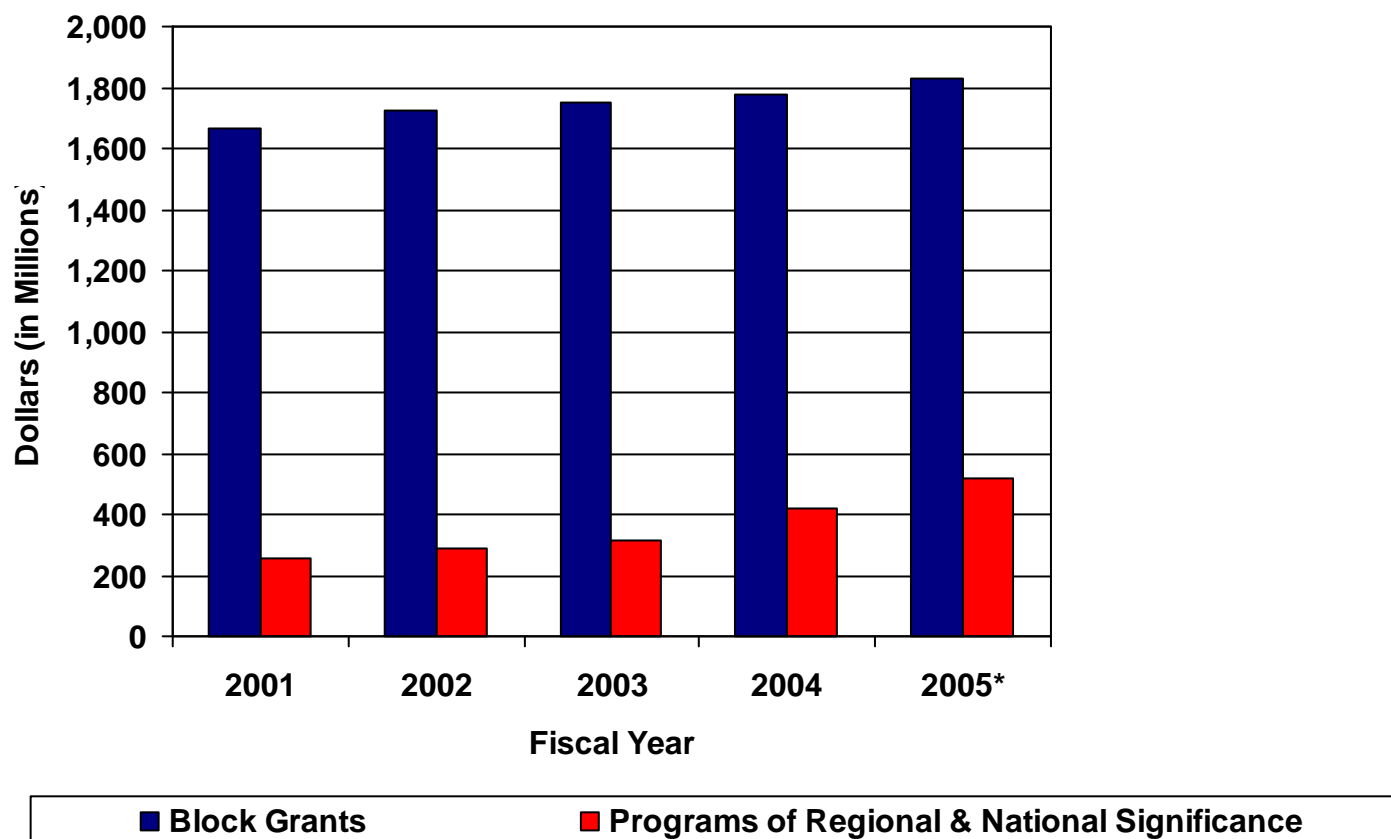
Note: Estimates for 2002 include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but not specify for what substance(s).

# Number of Substance Abuse Treatment Facilities



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Uniform Facility Data 1996-1999; National Survey of Substance Abuse Treatment Services (N-SSATS), 2000.

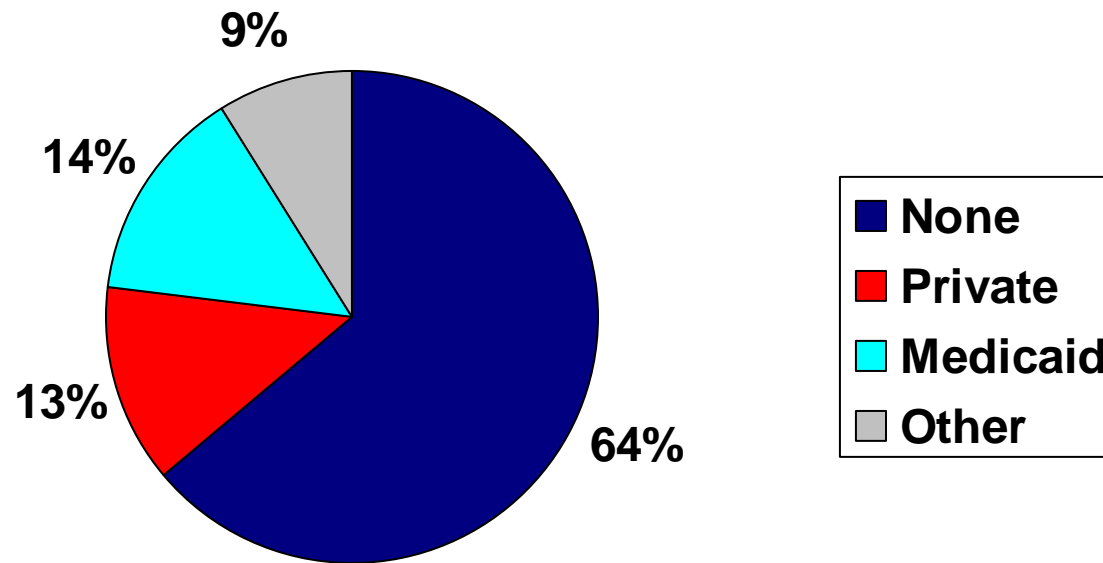
## CSAT Budget for Block Grants and Programs of Regional and National Significance FY 2001-2005 (in Millions of Dollars)



\* Requested in President's budget

Source: SAMHSA Justification of Estimates for Senate Appropriations Committee

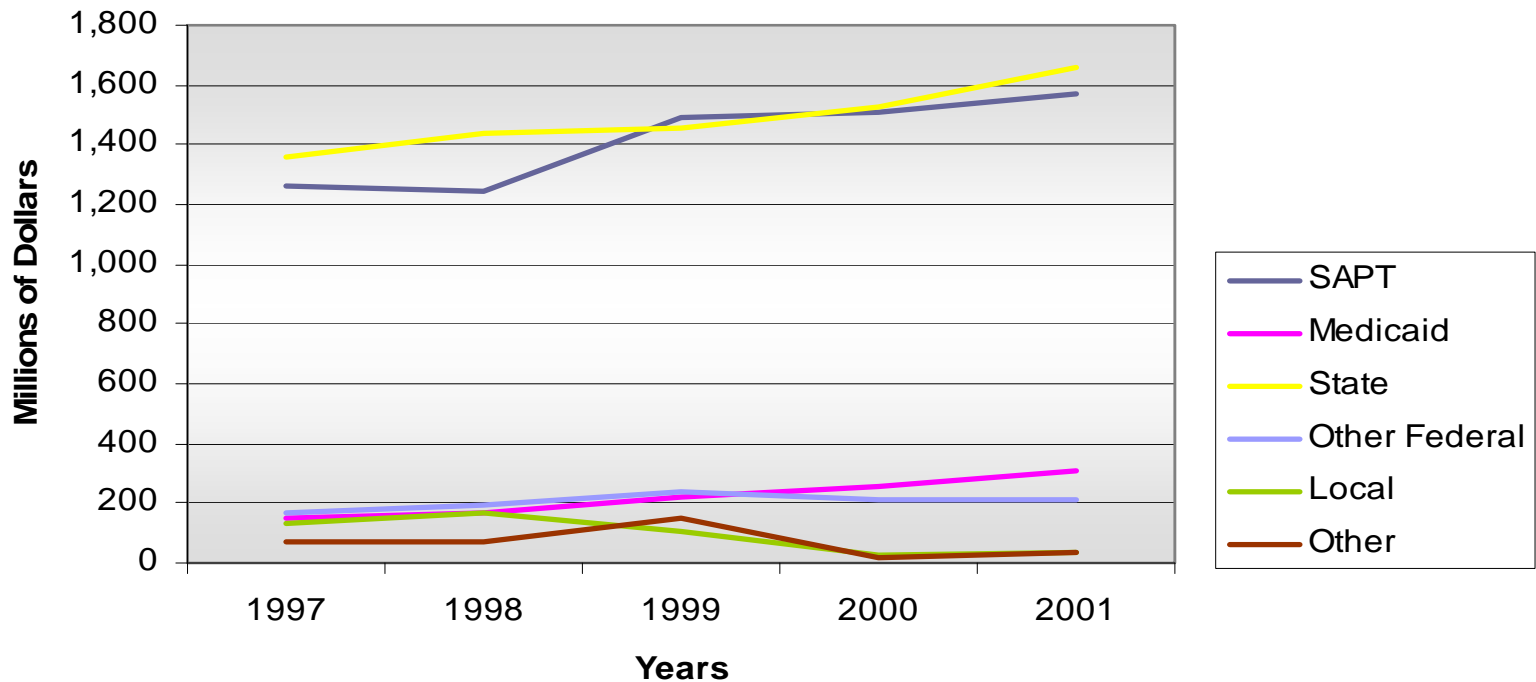
# Substance Abuse Treatment Admissions, by Type of Health Insurance, 1999



Source: 1999 SAMHSA Treatment Episode Data Set (TEDS)

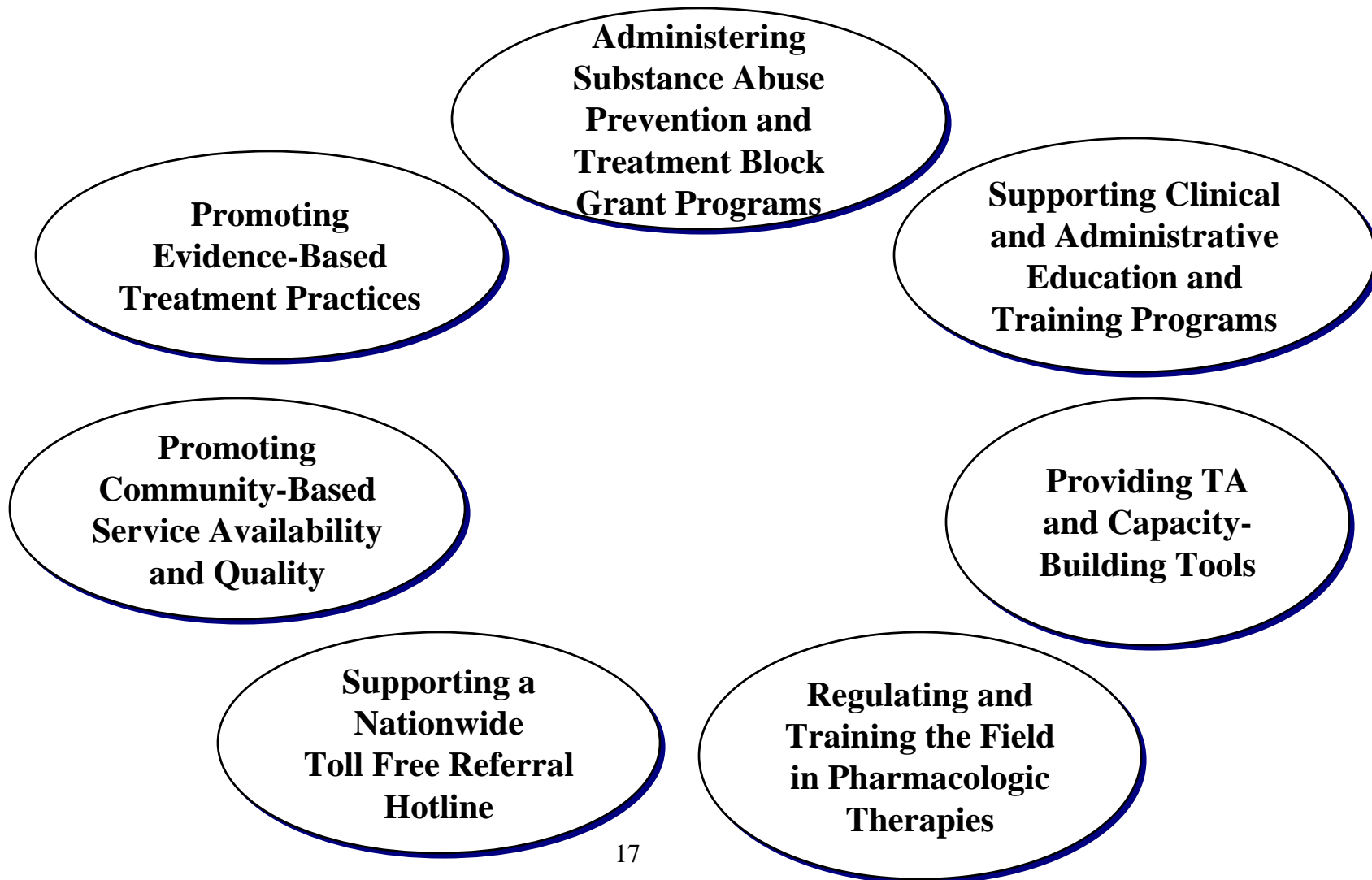


# Substance Abuse Prevention and Treatment Funding Trends (1997 – 2001)



Source: SAMHSA CSAT Data Infrastructure Branch

# **SAMHSA's Role**





# **Major Initiatives/Programs**

# Access to Recovery

- ◆ 3-year competitive grants to States, territories, DC and Tribes
- ◆ Approximately \$100 million in FY 2004 for up to 15 awards
- ◆ Goals:
  - Reward performance (ACE!)
  - Expand capacity (ACE!)
  - Empower consumer choice and effectiveness (ACE!)
- ◆ Uses vouchers to purchase addiction treatment and recovery support services

# Partners For Recovery



*A collaboration of communities and organizations  
mobilized to help individuals and families  
achieve and maintain recovery, and lead fulfilling lives*

- ◆ Introduced by Administrator, Charles Curie in July 2003
- ◆ Broadens the discussion beyond treatment to recovery
- ◆ Builds on national guidelines: Invest for Results; Commit to Quality; Change Attitudes; Build Partnerships; and Every Door to Treatment is the Right Door
- ◆ Moves to implementation and action focusing on the SAMHSA priority areas

# Partners For Recovery

- ◆ Is a collaborative initiative that advances the field of addiction treatment, by impacting systems and issues of importance to the field, to facilitate recovery for people with substance use disorders. There are currently five primary areas of focus:
  - Collaboration
  - Leadership development
  - Data
  - Workforce development
  - Stigma reduction
- ◆ Goals:
  - Build partnerships
  - Facilitate dialogue
  - Create products to support and improve treatment and recovery services (ACE!)

# Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

- ◆ Approximately \$1.7 billion in FY 2004 for awards to States
- ◆ Goals:
  - Demonstrate program efficiency and effectiveness (ACE!)
  - Collect quality of life outcome measures (ACE!)
  - Enhance system capacity (ACE!)

# Screening, Brief Intervention, Referral and Treatment (SBIRT)

- ◆ Five-year competitive state grants
- ◆ \$21 million awarded in FY 2003 to 6 States and 1 tribe
- ◆ **Goals**
  - Expand continuum of care to include screening, intervention, referral, and limited treatment (ACE!)
  - Support clinically appropriate treatment for nondependent and dependent users
  - Improve linkages among community agencies performing SBIRT and specialist substance abuse treatment agencies (ACE!)
  - Identify system and policy changes to increase access



# Targeted Capacity Expansion (TCE)

- ◆ Awarded over 431 competitive, three-year TCE grants, since 1998

- ◆ **Goals**

- Address treatment gaps for those in need
- Provide resources and technical assistance to better identify and address emerging substance use disorder needs (**ACE!**)
- Implement, evaluate, and disseminate treatment information
- Expand the types of services offered and the types of populations served (**ACE!**)
- Enhance and expand substance use disorder treatment and related HIV/AIDS services for women, adolescents and minority communities

# Medication Assisted Treatment (MAT)

## ◆ Goals

- Reform Federal regulations applicable to Opioid Treatment Programs (ACE!)
- Develop treatment options so that the medical and health needs of well-stabilized patients, where possible, can be met by individual physicians in office-based settings
- Establish treatment delivery models that incorporate new addiction treatment modalities and pharmacological therapies broadly acceptable to mainstream medicine and their patients (ACE!)
- Increase substance use disorder stakeholder access to MAT information and training (ACE!)

# Science To Services Initiatives

## Addiction Technology Transfer Centers (ATTCs)

- National office and 14 regional centers serving 50 states, The District of Columbia, Puerto Rico, U.S. Virgin Islands and the Pacific Islands

### ◆ Goals

- Promote “Best Practices” to effect change in the treatment system (**ACE!**)
- Create a multitude of products that are timely and relevant to the many disciplines represented by the addiction treatment workforce
- Disseminate the latest-research based information on best practices and treatment techniques to addiction treatment professionals

# Science To Services Initiatives

## Knowledge Application Program (KAP)

### ◆ Goals

- Provide support for adoption of best practices (workshops, technical assistance) (**ACE!**)
- Produce knowledge application products (TIPS, Quick Guides, brochures for patients, etc.)
- Disseminate products to target audiences
- Adapt products for clients whose first language is not English

# Science To Services Initiatives

## Strengthening Treatment Access and Retention (STAR)

- Administered in partnership with the Robert Wood Johnson Foundation's (RWJF) "Paths to Recovery" program

### ◆ Goals

- Improve the core processes that facilitate patient access to and retention in treatment
- Successfully use process improvement techniques to improve the treatment system (**ACE!**)
- Utilize quality improvement teams to set access and retention performance targets, identify access and retention practices and change strategies, pilot test implementation strategies and monitor performance (**ACE!**)

## Major CSAT Activities

Faith & Community TA Initiative	HIPAA	Helpline
Recovery Month: Community Events	Performance Measurement	ATTCs
National Inhalant Abuse Awareness	Services Accountability Improvement System (SAIS)	PPW Grants
HHS/HUD/VA Housing Initiative	National Alcohol Screening Day	Homeless Grants
State Health Care Reform Tech Assistance	Strengthening Treatment and Access and Retention	TCE/HIV Grants
Buprenorphine Community Information Project	Adolescent Residential SA Treatment	TCE Grants
Partners for Recovery	Recovery Community Services Program	HIV/AIDS Cross Training
Accreditation TA to Opioid Treatment Programs	Knowledge Application Programs	Confidentiality & Ethics Training
National Center on Substance Abuse and Child Welfare	AI/AN National Resource Center (w/CSAP)	Emergency Response Grants
Technical Support for Opioid Partial Agonist Implementation	HRSA/AMERSA Faculty Development Program	Block Grants
Rehabilitation and Restitution Grants	Drug Court Grants	Prescription Drug Use & Abuse

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# **Where We Are Going**

# **SAMHSA/CSAT's Ongoing Commitments**

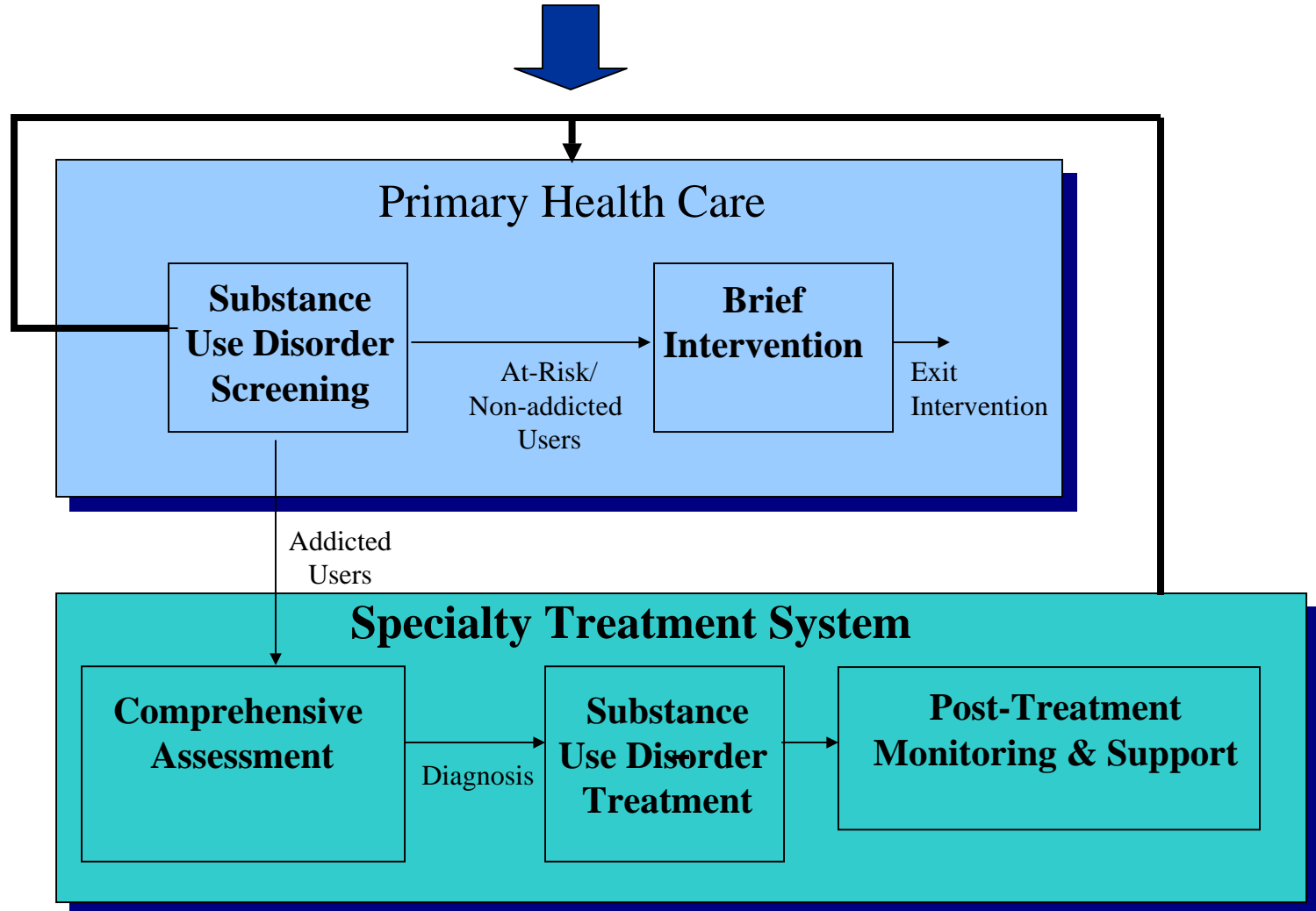
- ◆ Promote Partnerships
- ◆ Support and Manage Recovery
- ◆ Enhance System Effectiveness
- ◆ Develop the Workforce
- ◆ Reduce Stigma



# Promote Partnerships

- ◆ Create forums in which SAMHSA and private organizations can develop collaborative strategies to improve alcohol and drug treatment and recovery services
- ◆ Promote communication and collaboration among:
  - States and communities
  - Service providers
  - Academic institutions
  - Researchers
  - Other stakeholdersto provide an efficient, seamless system of services
- ◆ Continue to expand partnerships with:
  - Prevention
  - Mental Health
  - Primary healthcare providers
  - Public Health System
  - Child welfare agencies
  - Faith-based organizations
  - Law Enforcement and Criminal Justice System
  - Schoolsto enhance appropriate, quality service delivery in all health and human services

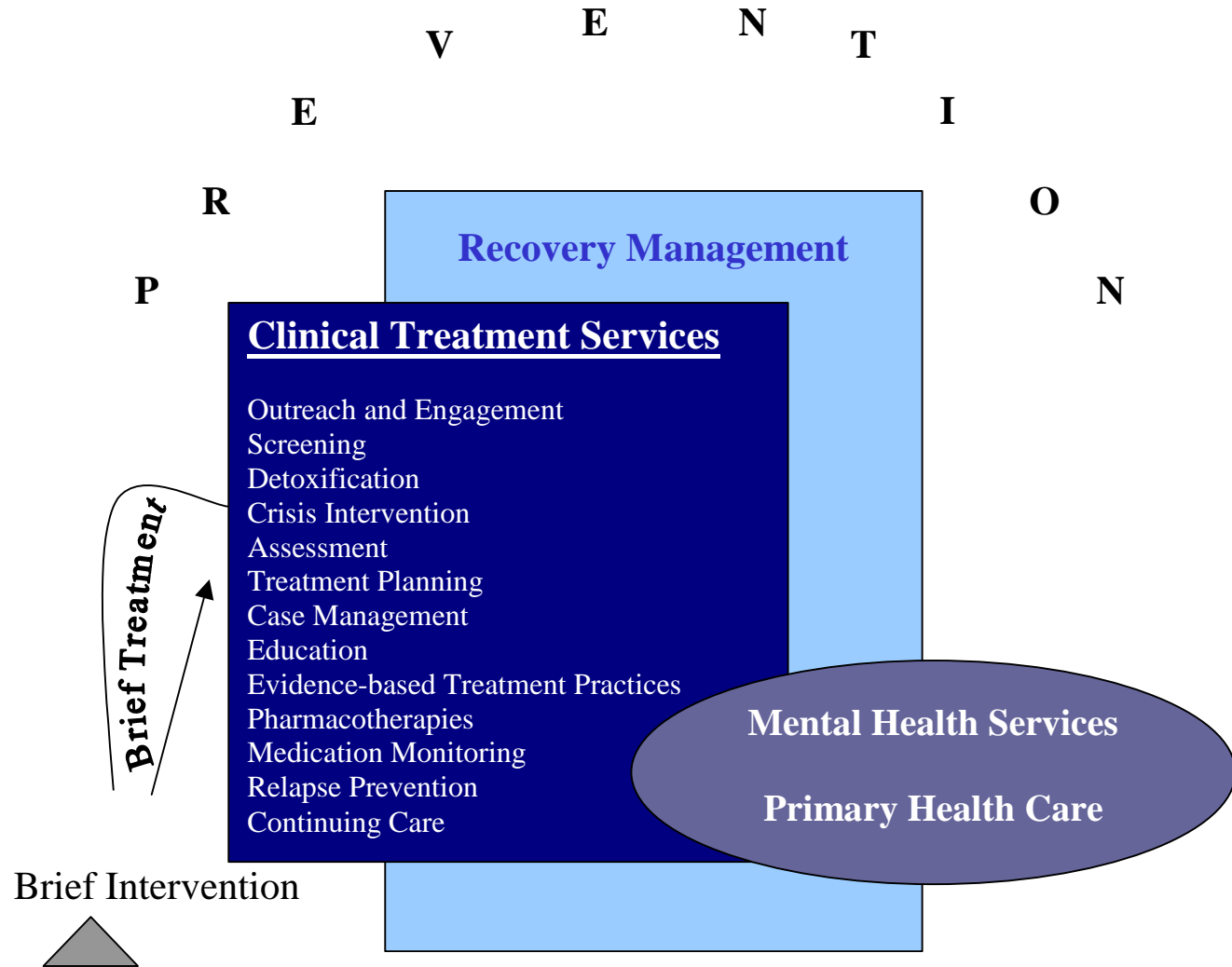
## Addressing Substance Use Disorder and Primary Health Care Needs



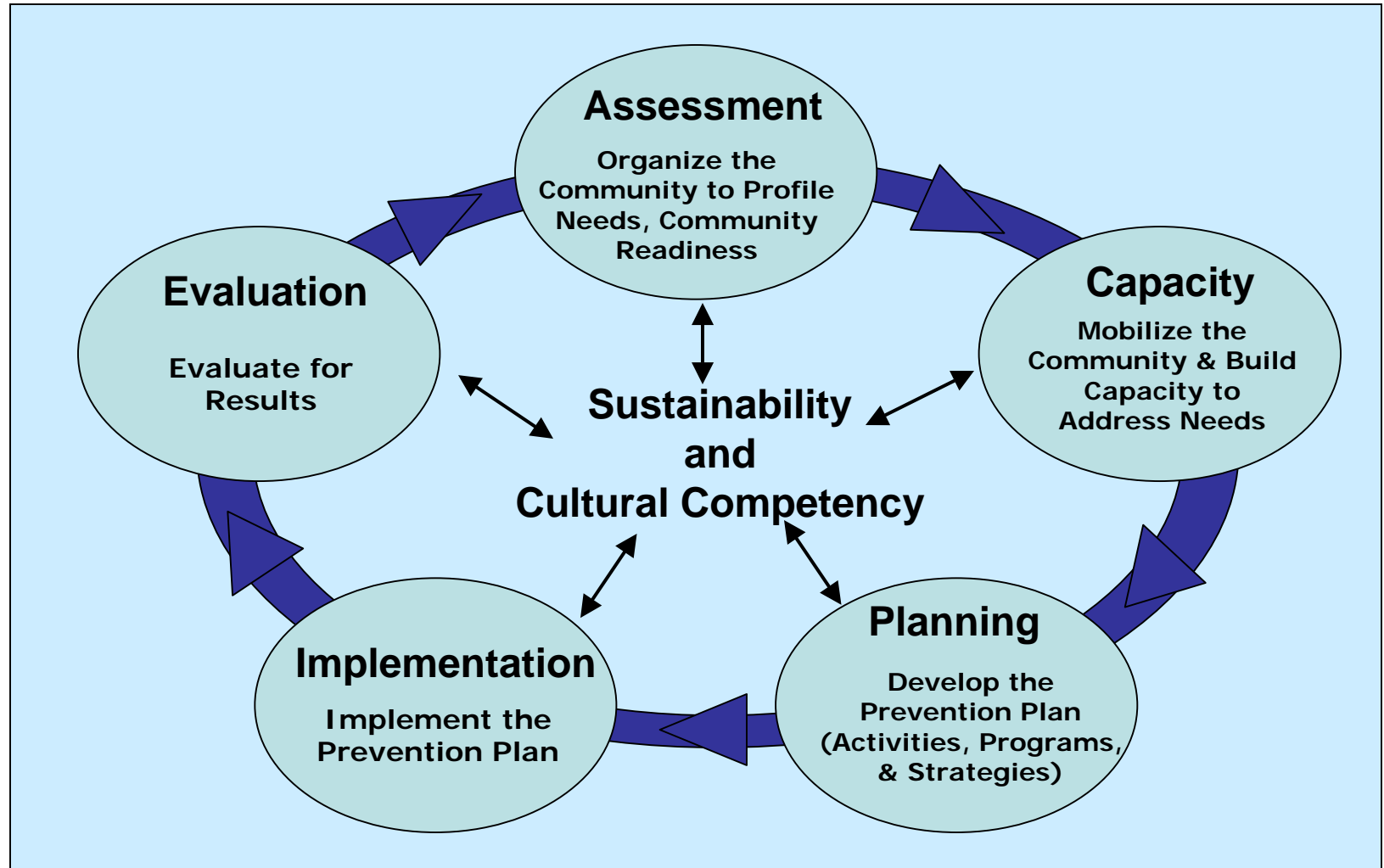
# Support and Manage Recovery

- ◆ Reduce treatment system gaps
- ◆ Facilitate and support community efforts to build the capacity to participate in the public dialogue about addiction and recovery
- ◆ Promote access to treatment for those abusing or dependent on prescription drugs
- ◆ Define and support recovery management services

# Integrated Systems of Care



# The Strategic Prevention Framework



# Mental Health System Transformation

## ◆ Goals

- Help Americans to understand that mental health is essential to overall health
- Promote consumers and families as drivers of mental health care
- Eliminate disparities in mental health services
- Ensure that early mental health screening, assessment, and referral to services are common practice
- Deliver excellent mental health care and accelerate research
- Increase the use of technology to access mental health care and information

# Many Pathways to Recovery

- ◆ A voice for the recovery community
- ◆ Peer-to-peer recovery support services
  - CSAT's Recovery Community Services Programs
  - Credentialing
- ◆ Faith-based
- ◆ 12-Step Programs
- ◆ Medication-assisted Treatment

# Enhance System Effectiveness

- ◆ Facilitate consensus on quality of care and treatment outcomes
- ◆ Support implementation of evidence-based practices that guide screening, intervention, assessment, engagement, individual and group therapies, relapse prevention, and continuing care
- ◆ Develop reimbursement mechanisms that:
  - Incorporate performance requirements
  - Ensure support for system reinvestment



# Develop the Workforce

- ◆ Develop a comprehensive report on the state of the workforce
- ◆ Establish national addiction professional minimum competency standards
- ◆ Develop ongoing data collection of information about the changing characteristics of the workforce
- ◆ Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTC's and other mechanisms
- ◆ Provide training to professionals on effective intervention and treatment services

# Reduce Stigma

- ◆ Promote stigma reduction for persons in alcohol/substance use disorder treatment and recovery
- ◆ Support educational initiatives that inform the public about treatment and recovery
- ◆ Promote the dignity of persons in treatment and recovery

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